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CONFIRMATION NO. 1571

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| SERIAL NUMBER 10/559,415 | FILING OR 371(c) DATE 12/06/2005 RULE | CLASS 514 | GROUP ART UNIT 1646 | ATTORNEY DOCKET NO. 1103326-0799 |
| APPLICANTS Brit Corneliussen, Molndal, SWEDEN; Stefan Schreiber, Kiel, GERMANY; Monika Stoll, Munster, GERMANY; | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/SE04/00861 06/03/2004 | | | | |
| ** FOREIGN APPLICATIONS ***** UNITED KINGDOM 0313081.2 06/06/2003 UNITED KINGDOM 0327427.1 11/26/2003 | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/30/2006 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged | | STATE OR COUNTRY SWEDEN | SHEETS DRAWING 2 | TOTAL CLAIMS 10 |
| Examiner's Signature _____ Initials _____ | | INDEPENDENT CLAIMS 10 | | |
| ADDRESS 7470 | | | | |
| TITLE Method for diagnosing inflammatory bowel disease | | | | |
| FILING FEE RECEIVED 2550 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |